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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Toby Selcer et al

INVENTION : ROTARY CABLE TREATMENT METHOD AND APPARATUS

SERIAL NUMBER : 09/825,660

FILING DATE : April 3, 2001

EXAMINER : Lamb, Brenda A.

GROUP ART UNIT : 1734

ATTORNEY DOCKET NO. : 2166.006

CERTIFICATE UNDER 37 CFR §1.8(a)

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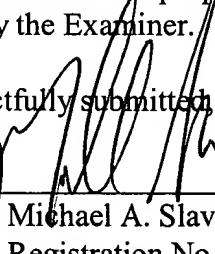
Sir:

Subject to the approval of the Examiner in charge of the above-identified patent application, please substitute the enclosed formal drawings, Figs. 1-6 (2 sheets), for the informal drawings originally filed in this application. The Examiner provided a Notice of Allowance subject to the submission of the formal drawings as noted in the proposed drawing correction filed on April 26, 2004, which has been approved by the Examiner.

Date 5/21/04

Respectfully submitted,

By


Michael A. Slavin
Registration No. 34,016

McHale & Slavin, P.A.
2855 PGA Boulevard
Palm Beach Gardens, FL 33410
Telephone: (561) 625-6575
Facsimile: (561) 625-6572



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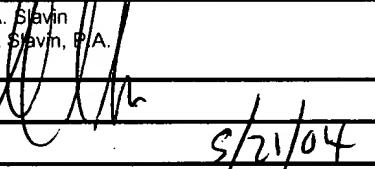
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/825,660	
	Filing Date	04/03/2001	
	First Named Inventor	Toby Selcer et al	
	Art Unit	1734	
	Examiner Name	Brenda A. Lamb	
Total Number of Pages in This Submission	4	Attorney Docket Number	2166.006

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael A. Slavin McHale & Slavin, P.A.
Signature	
Date	5/21/04

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